Liver transplantation is the only curative treatment for severe liver disease. Unfortunately, there are several complications associated with liver transplantation. Biliary complications occur in around 15%–30% of cases, with an estimated mortality rate of 10% [1–3].

We report the case of a 66-year-old patient, with a history of recent liver transplantation for alcoholic cirrhosis. He presented with the progressive onset of jaundice associated with disturbances in hepatic tests. Magnetic resonance imaging revealed a biliary anastomosis stricture, with an upstream dilated common bile duct (17 mm) (Fig. 1, Fig. 2). We therefore performed an endoscopic retrograde cholangiopancreatography (ERCP). Biliary cannulation and endoscopic sphincterotomy presented no difficulty. Biliary opacification revealed a short, very tight anastomotic stricture (Fig. 3).

However, despite several attempts, it was impossible under fluoroscopy guidance to pass a 0.035-inch or 0.025-inch angled and straight guidewire through the stricture. Given the impossibility of positioning a guidewire through the stricture with the standard technique, we decided to perform a single operator cholangioscopy (SOC).

The use of SOC revealed a punctiform benign stricture with an anastomotic recess (Video 1). A 0.025-inch straight guidewire was then used, and could be inserted into the right intrahepatic bile ducts under endoscopic and fluoroscopic guidance (Video 1). The stricture was then dilated with a 6-mm balloon, followed by placement of a 10 × 80 mm covered metal stent (Fig. 5).
Few studies in the literature focus on the contribution of SOC as a therapeutic device (such as selective cannulation of the bile ducts under endoscopic control) apart from lithotripsy. SOC probably has its place in the therapeutic management of complex biliary strictures, enabling selective cannulation of the area to be drained or to cross complex strictures such as those occurring after post liver transplantation, as illustrated in this case [4, 5].

**Conflict of Interest**

The authors declare that they have no conflict of interest.

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